

APR 1 1948

THE CLEVELAND MUSEUM OF ART, May 5 to June 13, 1948

The Entrant agrees to maintain the price designated below for six months after closing date of exhibition.

Artist EDWARD SILL (Please print plainly)

Telephone No. ON. 0814 Address 4624 ROADMAN ROAD CLEVE. 9, O.

Zone No. _____

Please Enclose Registration Fee of \$1.00 (Check or Money Order) With Entry Blank

<small>DO NOT WRITE IN THESE COLUMNS</small>		<small>CLASS</small>	<small>TITLE (PRINT PLAINLY)</small>	<small>EDITIONS AND NUMBER FOR SALE</small>	<small>PRICE</small>
365	A X	8	Snow Road Parkway		75. ⁰⁰
366	A VX	8	south of Bedford		100. ⁰⁰
367	R H	8	River Bottom Farm		100. ⁰⁰
368	A X	8	TERRETT COURT S.W.		75. ⁰⁰
Permission to print prices on labels granted unless declined here					

Entry blanks must be filled out and returned to the Museum on or before April 6, those postmarked later than April 6 will not be accepted.

Entries must be delivered at the Museum between 9 A.M. and 5 P.M. from April 10 to April 17 (except Sunday).

LIST OF CLASSES ON BACK